



# **Service Request (SR) Process Guide for Integrated Care Organizations (ICOs)**

This guidance was last updated on August 26, 2019.

Guidance will be reviewed and updated accordingly as new issues are identified.

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## INTRODUCTION

To track and monitor enrollment related issues and system discrepancies for the MI HEALTH LINK (MHL) Program, ICOs (Integrated Care Organizations) will be responsible for submitting Service Requests (SRs) to the Michigan Department of Health and Human Services (MDHHS) for all enrollment related issues as described in the following process guidance. Because this is an integrated program and two separate systems are utilized for enrollment; there are times that the systems (CHAMPS and MARx) do not match. These issues need to be submitted to MI HEALTH LINK as an SR for research, review, and resolution by the MHL Enrollment Staff. Please note, it is the ICO's responsibility to assure SRs are submitted timely and accurately to prevent workload backlogs and duplication. MDHHS will prioritize access to care issues and will process all other SRs based on the Reason Code used and overall impact.

ICO Medicaid Liaisons should work with Laura Hinman (MDHHS – SIEBEL Administrator; [HinmanL2@Michigan.gov](mailto:HinmanL2@Michigan.gov)) to obtain access to the CRM/SIEBEL CRM Application for the end-users who will be responsible for submitting SRs on behalf of your organization. If you do not have access to Siebel CRM, CHAMPS and/or MARx, please contact your organization's liaison for assistance in requesting access prior to submitting SRs per the instructions in the Introduction Section. End-users must also have access to the Community Health Automated Medicaid Processing System (CHAMPS) and MARx to be able to properly research issues prior to submitting SRs to MDHHS.

Please **do not** send SRs for service dates over one (1) year old (CMS will not allow action over 12 months.) Please **do not** send more than one SR to MDHHS for the same issue or to check on the status of your original SR. Doing so will inundate the MI HEALTH LINK queue with duplicate SRs and may create delays in processing. MDHHS will return all duplicate SRs, as well as SRs that were not completed properly, back to the sender which may also cause delays in processing. Any changes made by MDHHS when processing SRs will be reflected on your DTRR and/or 834 files.

## **KEY CONTACTS**

For **technical assistance** with the SIEBEL CRM System, please email Laura Hinman ([HinmanL2@Michigan.gov](mailto:HinmanL2@Michigan.gov)).

If you have **questions about this service request process guidance**, please email [IntegratedCare@Michigan.gov](mailto:IntegratedCare@Michigan.gov).

If you have **general enrollment discrepancy questions**, please email [MDHHS-MHL-SR-ASSISTANCE@michigan.gov](mailto:MDHHS-MHL-SR-ASSISTANCE@michigan.gov)

## **ADDITIONAL RESOURCES**

<https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPEnrollment.html>

[https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/Downloads/MMPEnrollmentGuidanceManual\\_CY2019\\_08022018.pdf](https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/Downloads/MMPEnrollmentGuidanceManual_CY2019_08022018.pdf)

The resource link directly above will take you to the National Enrollment/Disenrollment Guidelines that must be followed by MI HEALTH LINK and ICO'S.

## ENROLLMENT SYSTEMS AND FILES

**CHAMPS** –This system should be used to confirm a beneficiary’s *Medicaid* enrollment status. Access to CHAMPS must be granted by MDHHS.

**MARx** – This system should be used to confirm a beneficiary’s *Medicare* enrollment status. Access to MARx must be granted by CMS.

ICOs also receive daily and/or monthly files from both MDHHS and CMS with member level enrollment data. ICOs should use the following files to verify eligibility prior to submitting SRs:

- **834 files:** MDHHS sends daily (5721) and audit/monthly (5705) 834 files directly to ICOs containing member level enrollment data. ICOs may use this information to update their systems.
- **DTRR files:** CMS sends daily DTRR files to ICOs containing member level enrollment data. This information should be used by the plan to reconcile enrollment information regularly and used to update their systems.

Manual changes made by MDHHS and CMS when processing SR’s will be reflected on your DTRR and/or 834 files. MHL will also continue to return duplicate SR’s to the Plan for tracking purposes.

Please resubmit the ORIGINAL SR after 45 days from the date of resolution if the noted action has not been taken. MHL staff will escalate the action to the appropriate area. Please add to the top of the Description box- “Not resolved per SOP” with your initials and date resubmitting to MHL Queue.

Please be sure you have done the proper research in CHAMPS, MARx, and your enrollment files PRIOR to creating an SR.

## PERMANENT DISCREPANCY

CMS has given clarification regarding when it is appropriate to document a case as a permanent discrepancy. Such cases will be documented as “Per CMS National Enrollment and Disenrollment Guidance 40.2.3.; this will remain a permanent discrepancy.”

Instances that may be documented as a permanent discrepancy include but are not limited to:

- Incarcerations (ends day prior to admission in CHAMPS and last day of the month in MARx)
- State Psych (ends day prior to admission in CHAMPS and last day of the month in MARx)
- VA Home (ends day prior to admission in CHAMPS and last day of the month in MARx)

Example: CHAMPS ended 06/02/2019 and MARx ended 06/30/2019 (these scenarios end in CHAMPS the day prior to admission but the last day of the month in MARx.) This type of permanent discrepancy will have a date within the month that MARx ends the last day of the month.

- Date of Death (is actual date of passing in CHAMPS but last day of the month in MARx.)

Example: CHAMPS ends the DOD and MARx ends the last day of the month of the DOD.

- Timely Medicaid loss when notified late by Bridges

Example: CHAMPS ended 05/31/2018 and MARx will end the last day of the month MHL is notified of the change such as 06/30/2019. This type of permanent discrepancy can be retro many months in CHAMPS and end prospectively in MARx.

Note: CHAMPS deeming end date that matches with MARx end date is technically aligned and is not considered a discrepancy.

The MARX and CHAMPS systems will remain out of sync as a permanent discrepancy for any member where 40.2.3. was referenced in the SR response. ICOs are expected to cover all MI Health Link services for individuals who are active in at least one of the two systems (i.e. MARx or CHAMPS) per current guidance during discrepant timeframes.

## **ACRONYMS FOR MI HEALTH LINK**

- CHAMPS- Community Health Automated Medicaid Processing System (State of Michigan Enrollment System)
- CMCF-County Medical Care Facility
- CRM-Customer Relationship Management
- DOD-Date of Death
- DTRR-Daily Transaction Reply Response
- HCBS-Home and Community Based Services
- HICN-Health Insurance Claim Number (generally Social Security number)
- ICO-Integrated Care Organization
- ICRC- Integrated Care Resource Center
- MARx-Medicare Advantage Prescription Drug System (Center for Medicare Enrollment System)
- MBI-Medicare Beneficiary Identification (A unique, auto-generated beneficiary ID used by Medicare)
- MDHHS-Michigan Department of Health and Human Services
- MHL-MI HEALTH LINK
- MHLO-MI HEALTH LINK Ombudsman
- MMP-Medicare-Medicaid Plan
- NF-Nursing Facility
- OOSA-Out of Service Area
- PET-Program Enrollment Type
- SR-Service Request
- VA-Veteran Affairs

## MI HEALTH LINK CHAMPS PET CODE DESCRIPTIONS

<b><u>PET CODE</u></b>	<b><u>PET Code Description</u></b>
<b>ICO-COMM</b>	MI Health Link Beneficiary living in the community; often referred to as “community well”
<b>ICO-NFAC</b>	MI Health Link beneficiary residing in a private Nursing Facility
<b>ICO-CMCF</b>	MI Health Link beneficiary residing in County Medical Care Facility (CMFC; Public Nursing Facility)
<b>ICO-HCBS</b>	MI Health Link beneficiary receiving C-Waiver (Home and Community Base) Services in the community
<b>ICO-HOSH</b>	MI Health Link beneficiary receiving Hospice service at home
<b>ICO-HOSW</b>	MI Health Link beneficiary receiving C-Waiver (Home and community Based) Services in the community and Hospice services at home concurrently
<b>ICO-HOSN</b>	MI Health Link beneficiary receiving Hospice services in a Nursing Facility
<b>ICO-HOSC</b>	MI Health Link beneficiary receiving Hospice Services in a County Medical Care Facility (CMCF)
<b>ICO-HOSR</b>	MI Health Link beneficiary receiving Hospice services in a Hospice Residence Facility

## ACCESS TO CARE

ICO's are required to cover services in the event of a discrepancy between MARx and CHAMPS until the discrepancy has been resolved to avoid access to care issues. Inability to schedule an appointment for a needed surgery would be an access to care issue if the surgery is an immediate need. Please note that the Plan is required to remove all barriers in assisting the member to obtain needed services.

Examples of Access to Care issues as well as required information for the SR documentation should include the following:

- 1) Beneficiary is out of medication(s) requires the ICO to provide the following information in the SR:
  - a) The name of the medication
  - b) The name of the Pharmacy
  
- 2) Beneficiary is currently at pharmacy waiting for a prescription requires the ICO to provide the following information in the SR:
  - a) The name of the medication
  - b) The name of the Pharmacy
  
- 3) Having a scheduled appointment requires the ICO to provide the following information in the SR:
  - a) The name of the DR.
  - b) What the appointment is for
  - c) When the appointment is
  
- 4) Transportation being denied to an appointment requires the ICO to provide the following information in the SR:
  - a) What the appointment is for
  - b) When the appointment is
  
- 5) Being refused to be seen at the doctor (that day and is in office) requires the ICO to provide the following information in the SR:
  - a) The name of the DR.
  - b) What the appointment is for
  - c) When the appointment is

*Example:* John Smith is **waiting at the pharmacy** for his prescription and his insurance is denied. John calls his health plan and the health plans determines there is a discrepancy with his enrollment. The health plan should immediately remove barriers for this member to receive their medication, and subsequently submit a Service Request to MDHHS for immediate resolution.

## ICO-HCBS

Any case where an enrollee is currently receiving Home and Community Based Services (HCBS) and there is an enrollment discrepancy between CHAMPS and MARx.

### Only fill out the following portions of the SR:

**Step 1: Individual Information** – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last name, First name, SSN and DOB of the member should auto-populate based on the Member ID.)

*Example:*

Individual	
Member Id:	1234567890
Last Name:	DOUGH
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911

**Step 2: Caller Information** – Enter the Last Name, First Name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SRs so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.

*Example:*

Caller	
Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG

**Step 3: Plan Information** - The correct plan ID **must** be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

*Action 1 (Click on the query button):*

*Example:*

The screenshot shows a form with two main sections: 'Facility' and 'Plan'. The 'Facility' section includes fields for NPI#, Business Name, Facility Provider Id, Fac Provider Type, Fac Specialty, and Fac Sub-Specialty. The 'Plan' section includes fields for Business Name and Plan Provider Id. A red arrow points to a search icon in the 'Plan' section with the text 'Click here'.

*Action 2 (Enter Plan Provider ID):*

*Example:*

The screenshot shows a 'Pick Plan' dialog box. At the top, there is a search bar with a 'Business Name' dropdown and a search icon. Below the search bar is a table with columns: Business Name, Plan Prov, Business, Start Date, and End Date. The first row of the table has the value '1112233' in the 'Business Name' column. At the bottom right of the dialog box is a 'Cancel' button.

*Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):*

*Example:*

Facility	
NPI#:	<input type="text"/>
Business Name:	<input type="text"/>
Facility Provider Id:	<input type="text"/>
Fac Provider Type:	<input type="text"/>
Fac Specialty:	<input type="text"/>
Fac Sub-Specialty:	<input type="text"/>
Plan	
Business Name:	MI Health Link Plan
Plan Provider Id:	1112233

**Step 4: Description Information** - Plan must select the following criteria from the drop-down boxes as illustrated below:

**Type:** ADMINISTRATIVE CHANGE  
**Reason:** ICO-HCBS  
**Origin:** HEALTH PLAN  
**Origin Format:** REPORT  
**Priority:** NORMAL

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email [MDHHS-MHL-SR-ASSISTANCE@michigan.gov](mailto:MDHHS-MHL-SR-ASSISTANCE@michigan.gov) so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

*Example:*

Description Information	
Type:★	ADMINISTRATIVE CHAI ▼
Reason:★	ICO-HCBS ▼
Origin:★	HEALTH PLAN ▼
Origin Format:★	REPORT ▼
MH/SA TOS:	N/A ▼
Priority:	NORMAL ▼
Status:★	OPEN ▼

**Step 5: Service Request Description** – Insert the following criteria, as well as any other important information about the case:

**CHAMPS:** dd/mm/yy- dd/mm/yy  
**MARx:** dd/mm/yy- dd/mm/yy

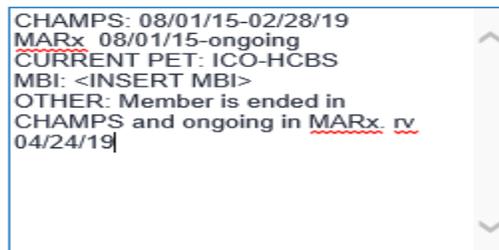
**MBI:** <MBI>

**OTHER:** <Insert other important information about this case.>

<Insert initials and current date of request>

*Example:*

**Description:**



CHAMPS: 08/01/15-02/28/19  
MARx 08/01/15-ongoing  
CURRENT PET: ICO-HCBS  
MBI: <INSERT MBI>  
OTHER: Member is ended in  
CHAMPS and ongoing in MARx. rv  
04/24/19

**Step 6: Current Owner** – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last name = QUEUE; First name = MIHEALTHLINK.) Changing the current owner will transfer your SR to the individual you select, so please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman ([hinmanL@Michigan.gov](mailto:hinmanL@Michigan.gov)) so she can move it back to your workload.

*Action 1 (Click on the query button):*

*Example:*



Current Owner:  

Area:

Group:

Externally Transferred From:

Created By: DOEJ

Bene Eligibility:

*Action 2 (Click on the magnifying glass to query for a user):*

*Example:*

Pick Current Owner X

**Click here**

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Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		

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OK
Cancel

Action 3 (Type in the user ID):

Example:

Pick Current Owner X

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Enter Query.

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

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Cancel

Action 4 (Select the correct user and click 'OK'):

Example:

Pick Current Owner



Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		



**OK** **Cancel**

## ICO-PERSONAL CARE ISSUE

Any non-HCBS case where the beneficiary is being provided personal care services and there is a discrepancy between CHAMPS and MARx.

### Only fill out the following portions of the SR:

**Step 1: Individual Information** – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last Name, First Name, SSN and DOB of the member should auto-populate based on the Member ID.)

*Example:*

Individual	
Member Id:	1234567890 
Last Name:	DOUGH 
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911 

**Step 2: Caller Information** – Enter the Last Name, First Name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SRs so MDHHS may contact you directly if there any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.

*Example:*

Caller	
Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG 

**Step 3: Plan Information** - The correct plan ID **must** be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

*Action 1 (Click on the query button):*

*Example:*

The screenshot shows a form with two main sections: 'Facility' and 'Plan'. The 'Facility' section includes fields for NPI#, Business Name, Facility Provider Id, Fac Provider Type, Fac Specialty, and Fac Sub-Specialty. The 'Plan' section includes fields for Business Name and Plan Provider Id. A red arrow points to a search icon (magnifying glass) next to the Business Name field in the 'Plan' section, with the text 'Click here' written in red above it.

*Action 2 (Enter Plan Provider ID):*

*Example:*

The screenshot shows a 'Pick Plan' dialog box. At the top, there is a search bar with a 'Business Name' dropdown and a search icon. Below the search bar is a table with the following columns: Business Name, Plan Provider ID, Business ID, Start Date, and End Date. The first row of the table has the value '1112233' in the Plan Provider ID column. At the bottom right of the dialog box is a 'Cancel' button.

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

Facility	
NPI#:	<input type="text"/>
Business Name:	<input type="text"/>
Facility Provider Id:	<input type="text"/>
Fac Provider Type:	<input type="text"/>
Fac Specialty:	<input type="text"/>
Fac Sub-Specialty:	<input type="text"/>
Plan	
Business Name:	MI Health Link Plan
Plan Provider Id:	1112233

**Step 4: Description Information** - Plan must select the following criteria from the drop-down boxes as illustrated below:

**Type:** ADMINISTRATIVE CHANGE  
**Reason:** ICO-PERSONAL CARE ISSUE  
**Origin:** HEALTH PLAN  
**Origin Format:** REPORT  
**Priority:** NORMAL  
**Status:** OPEN

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email [MDHHS-MHL-SR-ASSISTANCE@michigan.gov](mailto:MDHHS-MHL-SR-ASSISTANCE@michigan.gov) so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

Example:

### Description Information

Type:★	ADMINISTRATIVE CHAI	▼
Reason:★	ICO-PERSONAL CARE I	▼
Origin:★	HEALTH PLAN	▼
Origin Format:★	REPORT	▼
MH/SA TOS:	N/A	▼
Priority:	NORMAL	▼
Status:★	OPEN	▼

**Step 5: Service Request Description** – Insert the following criteria, as well as any other important information about the case:

PERSONAL CARE ISSUE

**CHAMPS:** dd/mm/yy- dd/mm/yy

**MARx:** dd/mm/yy- dd/mm/yy

**MBI:** <Insert MBI>

**OTHER:** <Insert other important information about this case.>

<Insert initials and current date of request>

*Example:*

**Description:**

PERSONAL CARE ISSUE  
CHAMPS: 08/01/15-ongoing  
MARx: 08/01/15-03/31/2019  
MBI: <MBI>  
OTHER: CHAMPS shows enrollment  
but MARx does not.  
rs\_04/24/19

**Step 6: Current Owner** – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last name = QUEUE; First name = MIHEALTHLINK.) Changing the current owner will transfer your SR to the individual you select, so please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman ([hinmanL@Michigan.gov](mailto:hinmanL@Michigan.gov)) so she can move it back to your workload.

*Action 1 (Click on the query button):*

*Example:*

Current Owner:★  

**Click here** → Area:

Group:

Externally Transferred From:

Created By:

Bene Eligibility:  

Action 2 (Click on the magnifying glass to query for a user):

Example:

Pick Current Owner X

**Click here** → 

Last Name    1 - 10 of 12+

Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		

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Action 3 (Type in the user ID):

Example:

Pick Current Owner ✕

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➔
Enter Query.

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

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Cancel

Action 4 (Select the correct user and click 'OK'):

Example:

Pick Current Owner ✕

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1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

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OK
Cancel

## ICO-HOSPICE

Any case where an enrollee is currently receiving hospice services and there is an enrollment discrepancy between CHAMPS and MARx.

### Only fill out the following portions of the SR:

**Step 1: Individual Information** – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last Name, First Name, SSN and DOB of the member should auto-populate based on the Member ID.)

*Example:*

Individual	
Member Id:	1234567890 
Last Name:	DOUGH 
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911 

**Step 2: Caller Information** – Enter the Last Name, First Name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SR's so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.

*Example:*

Caller	
Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG 

**Step 3: Plan Information** - The correct plan ID **must** be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

*Action 1 (Click on the query button):*

*Example:*

The screenshot shows a form with two main sections: 'Facility' and 'Plan'.  
**Facility Section:**  
- NPI#: [input field] [query icon]  
- Business Name: [input field] [query icon]  
- Facility Provider Id: [disabled input field]  
- Fac Provider Type: [input field] [query icon]  
- Fac Specialty: [disabled input field]  
- Fac Sub-Specialty: [disabled input field]  
**Plan Section:**  
- Business Name: [input field] [query icon] **Click here** (with a red arrow pointing to the query icon)  
- Plan Provider Id: [disabled input field]

*Action 2 (Enter Plan Provider ID):*

*Example:*

The 'Pick Plan' dialog box has a search bar at the top with a 'Business Name' dropdown and a search icon. Below the search bar is a table of results. The first row is highlighted in blue, and the value '1112233' in the 'Plan Provider' column is enclosed in a blue box. A 'Cancel' button is located at the bottom right.

Business Name	Plan Provider	Business	Start Date	End Date
	1112233			

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

Facility	
NPI#:	<input type="text"/>
Business Name:	<input type="text"/>
Facility Provider Id:	<input type="text"/>
Fac Provider Type:	<input type="text"/>
Fac Specialty:	<input type="text"/>
Fac Sub-Specialty:	<input type="text"/>

Plan	
Business Name:	MI Health Link Plan
Plan Provider Id:	1112233

**Step 4: Description Information** - Plan must select the following criteria from the drop-down boxes as illustrated below:

- Type:** ADMINISTRATIVE CHANGE
- Reason:** ICO-HOSPICE
- Origin:** HEALTH PLAN
- Origin Format:** REPORT
- Priority:** NORMAL
- Status:** OPEN

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email [MDHHS-MHL-SR-ASSISTANCE@michigan.gov](mailto:MDHHS-MHL-SR-ASSISTANCE@michigan.gov) so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

Example:

Description Information	
Type:*	ADMINISTRATIVE CHA <input type="text"/>
Reason:*	ICO-HOSPICE <input type="text"/>
Origin:*	HEALTH PLAN <input type="text"/>
Origin Format:*	REPORT <input type="text"/>
MH/SA TOS:	N/A <input type="text"/>
Priority:	NORMAL <input type="text"/>
Status:*	OPEN <input type="text"/>
Attachment Exists:	<input type="checkbox"/>

**Step 5: Service Request Description** – Insert the following criteria, as well as any other important information about the case:

**CHAMPS:** dd/mm/yy- dd/mm/yy

**MARx:** dd/mm/yy- dd/mm/yy

**CURRENT PET:** <Insert PET>

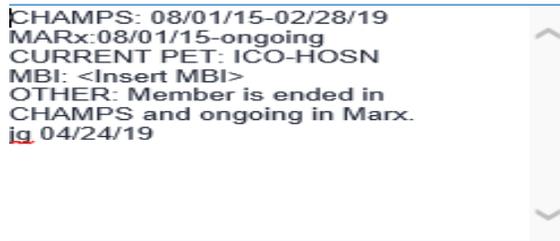
**MBI:** <Insert MBI>

**OTHER:** <Insert other important information about this case.>

<Insert initials and current date of request>

*Example:*

**Description:**



CHAMPS: 08/01/15-02/28/19  
MARx: 08/01/15-ongoing  
CURRENT PET: ICO-HOSN  
MBI: <Insert MBI>  
OTHER: Member is ended in  
CHAMPS and ongoing in Marx.  
ig 04/24/19

**Step 6: Current Owner** – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last Name = QUEUE; First Name = MIHEALTHLINK). Changing the current owner will transfer your SR to the individual you select, please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman ([hinmanL@Michigan.gov](mailto:hinmanL@Michigan.gov)) so she can move it back to your workload.

*Action 1 (Click on the query button):*

*Example:*



Current Owner:★  

Area:

Group:

Externally Transferred From:

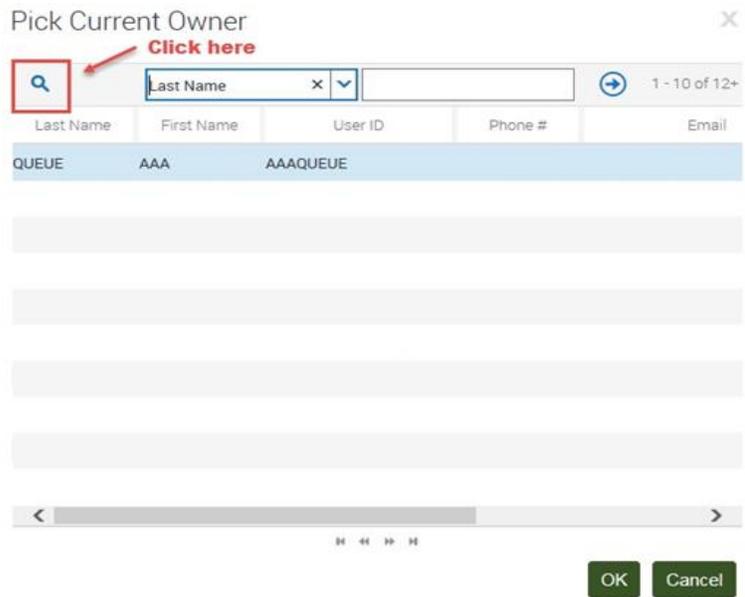
Created By: DOEJ

Bene Eligibility:  

**Click here** →

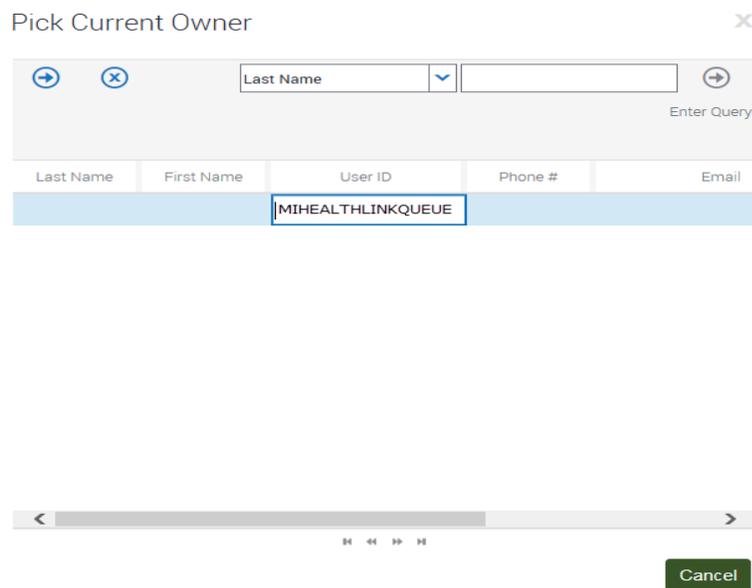
Action 2 (Click on the magnifying glass to query for a user):

Example:



Action 3 (Type in the user ID):

Example:



Action 4 (Select the correct user and click 'OK')

Example:

Pick Current Owner X

Search:   1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

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## ICO-MHLO

Any case that the plan receives from the MI Health Link Ombudsman that requires enrollment assistance.

### Only fill out the following portions of the SR:

**Step 1: Individual Information** – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last name, First name, SSN and DOB of the member should auto-populate based on the Member ID.)

*Example:*

Individual	
Member Id:	1234567890 
Last Name:	DOUGH 
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911 

**Step 2: Caller Information** – Enter the Last Name, First Name, Call Back #, and E-mail address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SRs so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.

*Example:*

Caller	
Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG 

**Step 3: Plan Information** - The correct plan ID **must** be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

*Action 1 (Click on the query button):*

*Example:*

The screenshot shows a form with two main sections: 'Facility' and 'Plan'. The 'Facility' section contains several input fields: 'NPI#' (with a search icon), 'Business Name' (with a search icon), 'Facility Provider Id' (disabled), 'Fac Provider Type' (with a search icon), 'Fac Specialty' (disabled), and 'Fac Sub-Specialty' (disabled). The 'Plan' section contains 'Business Name' (with a search icon) and 'Plan Provider Id' (disabled). A red arrow points to the text 'Click here' next to the search icon in the 'Plan' section's 'Business Name' field.

*Action 2 (Enter Plan Provider ID):*

*Example:*

The screenshot shows a 'Pick Plan' dialog box. At the top, there is a search bar with a search icon on the left and a search icon on the right. Below the search bar is a table with the following columns: 'Business Name', 'Plan Provider ID', 'Business ID', 'Start Date', and 'End Date'. The 'Plan Provider ID' column contains the value '1112233'. At the bottom right of the dialog box is a 'Cancel' button.

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

Facility	
NPI#:	<input type="text"/>
Business Name:	<input type="text"/>
Facility Provider Id:	<input type="text"/>
Fac Provider Type:	<input type="text"/>
Fac Specialty:	<input type="text"/>
Fac Sub-Specialty:	<input type="text"/>
Plan	
Business Name:	MI Health Link Plan
Plan Provider Id:	1112233

**Step 4: Description Information** - Plan must select the following criteria from the drop-down boxes as illustrated below:

**Type:** ADMINISTRATIVE CHANGE  
**Reason:** ICO-MHLO  
**Origin:** HEALTH PLAN  
**Origin Format:** REPORT  
**Priority:** NORMAL  
**Status:** OPEN

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email [MDHHS-MHL-SR-ASSISTANCE@michigan.gov](mailto:MDHHS-MHL-SR-ASSISTANCE@michigan.gov) so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

Example:

Description Information	
Type:★	ADMINISTRATIVE CHAI ▼
Reason:★	ICO-MHLO ▼
Origin:★	HEALTH PLAN ▼
Origin Format:★	REPORT ▼
MH/SA TOS:	N/A ▼
Priority:	NORMAL ▼
Status:★	OPEN ▼
Attachment Exists:	<input type="checkbox"/>

**Step 5: Service Request Description** – Insert the following criteria, as well as any other important information about the case:

**CHAMPS:** dd/mm/yy- dd/mm/yy

**MARx:** dd/mm/yy- dd/mm/yy

**CURRENT PET:** <Insert PET>

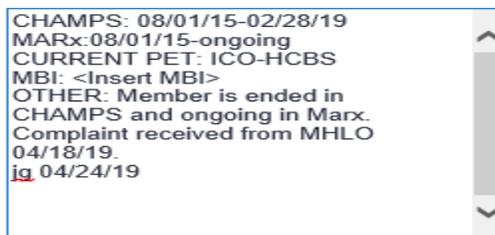
**MBI:** <Insert MBI>

**OTHER:** <Insert other important information about this case.>

<Insert initials and current date of request>

*Example:*

**Description:**



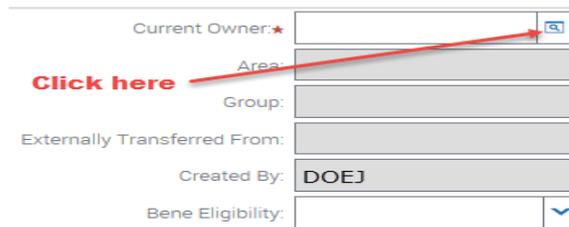
CHAMPS: 08/01/15-02/28/19  
MARx:08/01/15-ongoing  
CURRENT PET: ICO-HCBS  
MBI: <Insert MBI>  
OTHER: Member is ended in  
CHAMPS and ongoing in Marx.  
Complaint received from MHLO  
04/18/19.  
ig 04/24/19

**Step 6: Current Owner** – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last Name = QUEUE; First Name = MIHEALTHLINK). Changing the current owner will transfer your SR to the individual you select, please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman ([hinmanL@Michigan.gov](mailto:hinmanL@Michigan.gov)) so she can move it back to your workload.

*Action 1 (Click on the query button):*

*Example:*



Current Owner:

**Click here** → Area:

Group:

Externally Transferred From:

Created By:

Bene Eligibility:

Action 2 (Click on the magnifying glass to query for a user):

Example:

Pick Current Owner X

**Click here**

🔍  1 - 10 of 12-

Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		

OK Cancel

Action 3 (Type in the User ID):

Example:

Pick Current Owner X

➡ ✕  ➡

Enter Query.

Last Name	First Name	User ID	Phone #	Email
		IMIHEALTHLINKQUEUE		

Cancel

Action 4 (Select the correct user and click 'OK'):

Example:

Pick Current Owner X

Search:  Last Name   1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

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## ICO-NURSING HOME

Any case where an enrollee is currently receiving nursing home care and there is an enrollment discrepancy between CHAMPS and MARx. This includes requests for disenrollment from the ICO when an enrollee begins receiving services in a State Veterans (VA) Home. (Enrollees may be admitted to a State VA home following a hospitalization, or they may elect to receive services in a State VA home. Both instances require disenrollment from MI Health Link.)

Note: The State of Michigan requires Nursing Homes to submit an electronic Facility Admission Notice Form (MSA-2565-C) in CHAMPS to trigger the PET Code changes for enrollees receiving services in Nursing Homes (ICO-NFAC) or CMCF's (ICO-CMCF.) MHL staff is unable to update PET Codes without an MSA-2565-C on file.

### Only fill out the following portions of the SR:

**Step 1: Individual Information** – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last Name, First Name, SSN and DOB of the member should auto-populate based on the Member ID.)

*Example:*

Individual	
Member Id:	1234567890 
Last Name:	DOUGH 
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911 

**Step 2: Caller Information** – Enter the Last Name, First Name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SRs so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.

*Example:*

Caller

Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG   x

**Step 3: Plan Information** - The correct plan ID **must** be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

*Example:*

Facility

NPI#:		
Business Name:		
Facility Provider Id:		
Fac Provider Type:		
Fac Specialty:		
Fac Sub-Specialty:		

Plan **Click here** 

Business Name:		
Plan Provider Id:		

Action 2 (Enter Plan Provider ID):

Example:

Pick Plan

Business Name [ ] [Search]

Enter Query.

Business Name	Plan Provir Business	Start Date	End Date
1112233			

[Cancel]

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

Facility

NPI#: [ ] [Search]

Business Name: [ ] [Search]

Facility Provider Id: [ ]

Fac Provider Type: [ ] [Search]

Fac Specialty: [ ]

Fac Sub-Specialty: [ ]

Plan

Business Name: MI Health Link Plan [Search]

Plan Provider Id: 1112233

**Step 4: Description Information** - Plan must select the following criteria from the drop-down boxes as illustrated below:

**Type:** ADMINISTRATIVE CHANGE  
**Reason:** ICO-NURSING HOME  
**Origin:** HEALTH PLAN  
**Origin Format:** REPORT  
**Priority:** NORMAL  
**Status:** OPEN

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email [MDHHS-MHL-SR-ASSISTANCE@michigan.gov](mailto:MDHHS-MHL-SR-ASSISTANCE@michigan.gov) so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

*Example:*

Description Information	
Type:★	ADMINISTRATIVE CHAI ▼
Reason:★	ICO-NURSING HOME ▼
Origin:★	HEALTH PLAN ▼
Origin Format:★	REPORT ▼
MH/SA TOS:	N/A ▼
Priority:	NORMAL ▼
Status:★	OPEN ▼
Attachment Exists:	<input type="checkbox"/>

**Step 5: Service Request Description** – Insert the following criteria, as well as any other important information about the case:

**CHAMPS:** dd/mm/yy- dd/mm/yy

**MARx:** dd/mm/yy- dd/mm/yy

**CURRENT PET:** <Insert PET>

**MBI:** <Insert MBI>

**OTHER:** <Insert other important information about this case.>

<Insert initials and current date of request>

Example:

**Description:**

CHAMPS: 08/01/15-ongoing  
MARx:08/01/15-03/31/2019  
CURRENT PET: ICO-NFAC  
MBI: <Insert MBI>  
OTHER: Member is ended in  
CHAMPS and ongoing in Marx.  
ig 04/24/19

**Step 6: Current Owner** – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last Name = QUEUE; First Name = MIHEALTHLINK). Changing the current owner will transfer your SR to the individual you select, so please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman ([hinmanL@Michigan.gov](mailto:hinmanL@Michigan.gov)) so she can move it back to your workload.

*Action 1 (Click on the query button):*

Example:

The screenshot shows a form with several fields. A red arrow points from the text "Click here" to a small blue square icon with a magnifying glass, which is the query button. The fields are: "Current Owner:★" (empty), "Area:" (greyed out), "Group:" (greyed out), "Externally Transferred From:" (greyed out), "Created By:" (DOEJ), and "Bene Eligibility:" (empty with a dropdown arrow).

Action 2 (Click on the magnifying glass to query for a user):

Example:

Pick Current Owner X

🔍 Click here  ➡ 1 - 10 of 12+

Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		

⏪ ⏩

OK Cancel

Action 3 (Type in the user ID):

Example:

Pick Current Owner X

➡ Last Name ➡ Enter Query.

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

⏪ ⏩

Cancel

Action 4 (Select the correct user and click 'OK'):

Example:

Pick Current Owner X

1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

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## ICO-OUT OF SERVICE AREA

Any case where a beneficiary or guardian reports the beneficiary is no longer residing in the MI HEALTH LINK service area. These cases usually arise as access to care cases when a beneficiary is attempting to receive services in a different state.

ONLY use this SR type and reason to inform the State of Michigan when you have been notified by a source **OTHER THAN the DTRR** that a beneficiary is no longer living in the Plan's service area. The other source **must be** either the **MEMBER or DOCUMENTED GUARDIAN** who has verified an address change. If you first identify an OOSA issue via the DTRR and later verify the information through another source, you SHOULD submit an SR following this guidance.

Note: MDHHS cannot disenroll a member from an ICO plan unless they have been out of service areas for more than six (6) consecutive months. ICOs need to list the attempted contact dates and responses in the SR submitted. If the address on file is that of a guardian, representative payee, nursing home, or other temporary (i.e. hospital or rehab unit), DO NOT SUBMIT AN SR.

### **Only fill out the following portions of the SR:**

**Step 1: Individual Information** – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last name, First name, SSN and DOB of the member should auto-populate based on the Member ID.)

*Example:*

Individual	
Member Id:	1234567890 
Last Name:	DOUGH 
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911 

**Step 2: Caller Information** – Enter the Last Name, First Name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SRs so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.

*Example:*

Caller

Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG   X

**Step 3: Plan Information** - The correct plan ID **must** be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

*Action 1 (Click on the query button):*

*Example:*

Facility

NPI#:	<input type="text"/>	<input type="button" value="🔍"/>
Business Name:	<input type="text"/>	<input type="button" value="🔍"/>
Facility Provider Id:	<input type="text"/>	
Fac Provider Type:	<input type="text"/>	<input type="button" value="🔍"/>
Fac Specialty:	<input type="text"/>	
Fac Sub-Specialty:	<input type="text"/>	

Plan **Click here** 

Business Name:	<input type="text"/>	<input type="button" value="🔍"/>
Plan Provider Id:	<input type="text"/>	

Action 2 (Enter Plan Provider ID):

Example:

The screenshot shows a 'Pick Plan' dialog box. At the top, there is a search bar with a 'Business Name' dropdown menu. Below the search bar, a list of results is displayed. The first result is highlighted in blue and contains the value '1112233'. The columns in the list are 'Business Name', 'Plan Provit', 'Business', 'Start Date', and 'End Date'. A 'Cancel' button is located at the bottom right of the dialog box.

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

The screenshot shows a form with two sections: 'Facility' and 'Plan'. The 'Facility' section has the following fields: NPI#, Business Name, Facility Provider Id, Fac Provider Type, Fac Specialty, and Fac Sub-Specialty. The 'Plan' section has the following fields: Business Name (populated with 'MI Health Link Plan') and Plan Provider Id (populated with '1112233').

**Step 4: Description Information** - Plan must select the following criteria from the drop-down boxes as illustrated below:

**Type:** ADMINISTRATIVE CHANGE  
**Reason:** ICO-OUT OF SERVICE AREA  
**Origin:** HEALTH PLAN  
**Origin Format:** REPORT  
**Priority:** NORMAL  
**Status:** OPEN

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email [MDHHS-MHL-SR-ASSISTANCE@michigan.gov](mailto:MDHHS-MHL-SR-ASSISTANCE@michigan.gov) so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

*Example:*

**Description Information**

Type:★	ADMINISTRATIVE CHA	▼
Reason:★	ICO-OOSA	▼
Origin:★	HEALTH PLAN	▼
Origin Format:★	REPORT	▼
MH/SA TOS:	N/A	▼
Priority:	NORMAL	▼
Status:★	OPEN	▼

**Step 5: Service Request Description** – Insert the following criteria, as well as any other important information about the case:

**CHAMPS ENROLLMENT:** dd/mm/yy- dd/mm/yy

**MARx ENROLLMENT:** dd/mm/yy- dd/mm/yy

**MBI:** <MBI>

**SOURCE OF INFORMATION:** <Who notified ICO of the address change? How did you learn of the new address; include date of information receipt>

**DATE OF ADDRESS CHANGE:** <Insert effective date of address change>

**INFORMATION VERIFIED:** <Insert name of individual who verified information and date information was verified. This person must be either the MEMBER or the DOCUMENTED GUARDIAN. Also insert both the beneficiary's old and new addresses when available.>

**OTHER:** <Insert other important information about this case.>

<Insert initials and current date of request>

*Example:*

**Description:**

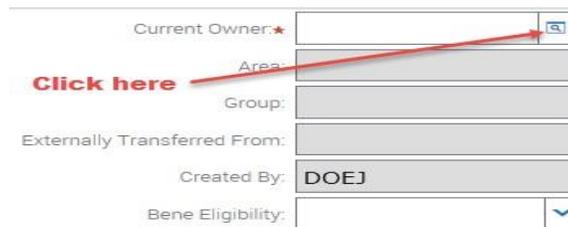
CHAMPS: 08/01/15-ongoing  
MARx:08/01/15-ongoing  
MBI: <Insert MBI>  
OTHER: Member reported move to  
54434 Kansas St., Kansas City, MO  
Date of Address Change: 04/01/2019  
INFORMATION VERIFIED: Member  
called -old address: 873 Hideaway Ln.,  
Marquette, MI. New address : 54434  
Kansas St., Kansas City, MO |  
jg 04/24/19

**Step 6: Current Owner** – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last Name = QUEUE; First Name = MIHEALTHLINK). Changing the current owner will transfer your SR to the individual you select, so please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman ([hinmanL@Michigan.gov](mailto:hinmanL@Michigan.gov)) so she can move it back to your workload.

*Action 1 (Click on the query button):*

*Example:*



Current Owner:  

**Click here** → Area:

Group:

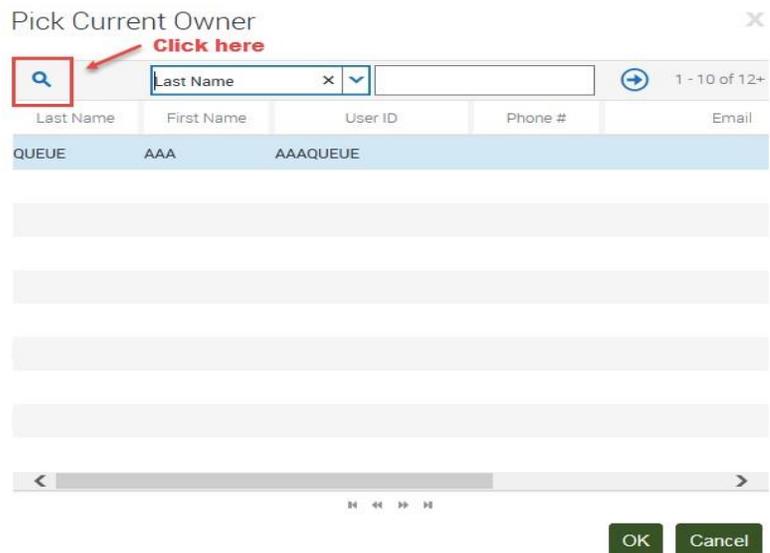
Externally Transferred From:

Created By:

Bene Eligibility:  

*Action 2 (Click on the magnifying glass to query for a user):*

*Example:*



Pick Current Owner ✕

 **Click here**    1 - 10 of 12+

Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		

◀ ◻ ▶

⏪ ⏩

Action 3 (Type in the user ID):

Example:

Pick Current Owner ✕

↩ ✕ Last Name  ↩ Enter Query:

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

◀ ██████████ ▶

⏪ ⏩

**Cancel**

Action 4 (Select the correct user and click 'OK'):

Example:

Pick Current Owner ✕

🔍 Last Name  ↩ 1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

◀ ██████████ ▶

⏪ ⏩

**OK** **Cancel**

## ICO-INCARCERATION

Any case where the plan is notified that the beneficiary is incarcerated by a source other than the DTRR.

NOTE: DO NOT submit SRs for incarceration based on your DTRR files. DTRR data regarding incarceration is informational only and should be verified through another source before sending an SR to the State of Michigan. If you first identify an incarceration issue via the DTRR and later verify the information through another source, you SHOULD submit an SR following this guidance (Other source may include family, Care Coordinator, local newspaper, etc.)

### Only fill out the following portions of the SR:

**Step 1: Individual Information** – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last Name, First Name, SSN and DOB of the member should auto-populate based on the Member ID.)

*Example:*

Individual	
Member Id:	1234567890 
Last Name:	DOUGH 
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911 

**Step 2: Caller Information** – Enter the Last name, First name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SRs so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.

Example:

Caller

Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG <input type="button" value="x"/>

**Step 3: Plan Information** - The correct plan ID **must** be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

Action 1 (Click on the query button):

Example:

Facility

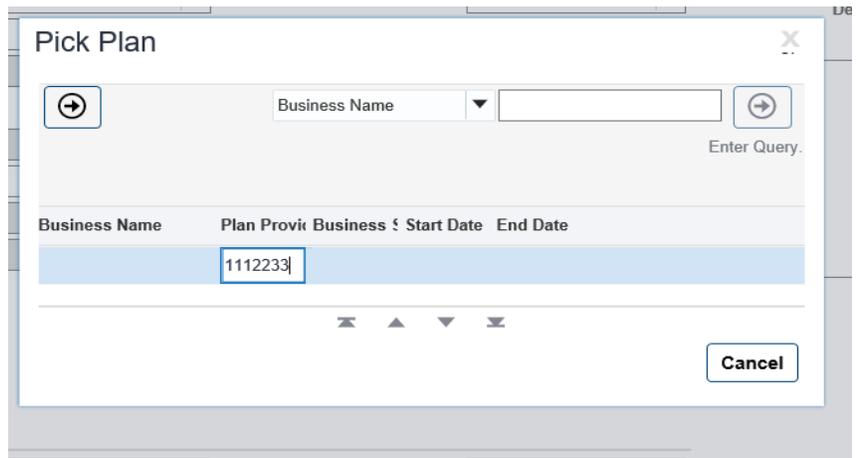
NPI#:	<input type="text"/>	<input type="button" value="Q"/>
Business Name:	<input type="text"/>	<input type="button" value="Q"/>
Facility Provider Id:	<input type="text"/>	
Fac Provider Type:	<input type="text"/>	<input type="button" value="Q"/>
Fac Specialty:	<input type="text"/>	
Fac Sub-Specialty:	<input type="text"/>	

Plan **Click here** 

Business Name:	<input type="text"/>	<input type="button" value="Q"/>
Plan Provider Id:	<input type="text"/>	

Action 2 (Enter Plan Provider ID):

Example:



Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

Facility

NPI#:

Business Name:

Facility Provider Id:

Fac Provider Type:

Fac Specialty:

Fac Sub-Specialty:

Plan

Business Name: MI Health Link Plan

Plan Provider Id: 1112233

**Step 4: Description Information** - Plan must select the following criteria from the drop-down boxes as illustrated below:

**Type:** ADMINISTRATIVE CHANGE

**Reason:** ICO-INCARCERATION

**Origin:** HEALTH PLAN

**Origin Format:** REPORT

**Priority:** NORMAL

**Status:** OPEN

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email [MDHHS-MHL-SR-ASSISTANCE@michigan.gov](mailto:MDHHS-MHL-SR-ASSISTANCE@michigan.gov) so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

*Example:*

Description Information	
Type:★	ADMINISTRATIVE CHAI ▼
Reason:★	ICO-INCARCERATION ▼
Origin:★	HEALTH PLAN ▼
Origin Format:★	REPORT ▼
MH/SA TOS:	N/A ▼
Priority:	NORMAL ▼
Status:★	OPEN ▼
Attachment Exists:	<input type="checkbox"/>

**Step 5: Service Request Description** – Insert the following criteria:

**CHAMPS:** dd/mm/yy- dd/mm/yy

**MARx:** dd/mm/yy- dd/mm/yy

**CURRENT PET:** <Insert PET>

**MBI:** <Insert MBI>

**SOURCE OF INFORMATION:** <How did the ICO find out about the incarceration?>

**DATES OF INCARCERATION:** <Incarceration effective date(s) and end date(s), if applicable>

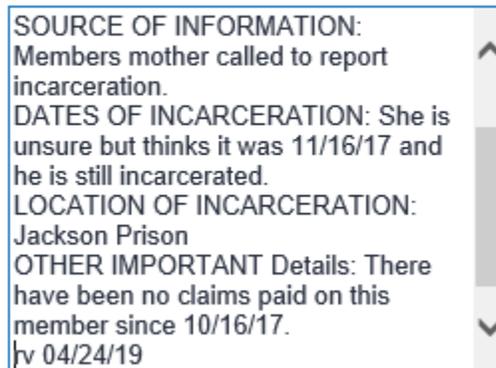
**LOCATION OF INCARCERATION:** <Insert location of incarceration>

**OTHER IMPORTANT DETAILS:** <Insert other important information about this case.>

<Please include your initials and date of request.>

*Example:*

**Description:**



SOURCE OF INFORMATION:  
Members mother called to report incarceration.

DATES OF INCARCERATION: She is unsure but thinks it was 11/16/17 and he is still incarcerated.

LOCATION OF INCARCERATION:  
Jackson Prison

OTHER IMPORTANT Details: There have been no claims paid on this member since 10/16/17.

lv 04/24/19

**Step 6: Current Owner** – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last Name = QUEUE; First Name = MIHEALTHLINK). Changing the current owner will transfer your SR to the individual you select, so please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman ([hinmanL@Michigan.gov](mailto:hinmanL@Michigan.gov)) so she can move it back to your workload.

Action 1 (Click on the query button):

Example:



Current Owner:★  

**Click here** → Area:

Group:

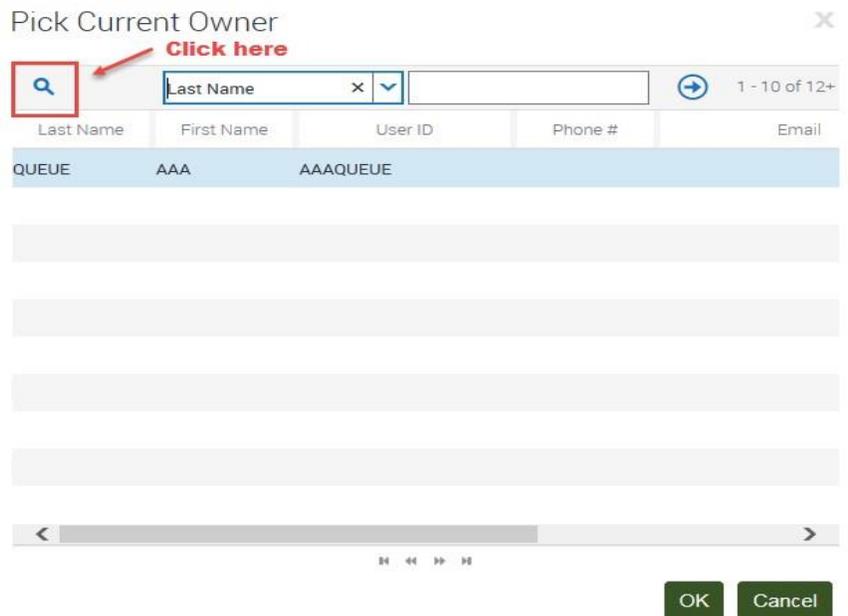
Externally Transferred From:

Created By:

Bene Eligibility:  

Action 2 (Click on the magnifying glass to query for a user):

Example:



Pick Current Owner ✕

**Click here** →  Last Name     1 - 10 of 12+

Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		

<  >

⏪ ⏩

Action 3 (Type in the user ID):

Example:

Pick Current Owner ✕

➔ ✕ Last Name  ➔ Enter Query:

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

< ————— >

⏪ ⏩

**Cancel**

Action 4 (Select the correct user and click 'OK'):

Example:

Pick Current Owner ✕

🔍 Last Name  ➔ 1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

< ————— >

⏪ ⏩

**OK** **Cancel**

## ICO-DISCREPANCY

Any case that does not fit into one of the other types/reasons listed above should be submitted using ICO-DISCREPANCY.

Examples of discrepancies that would be submitted for this type/reason include but not limited to:

- 1) MARx (DTRR) shows enrollment in one business line but CHAMPS (834) shows enrollment in a different business line
- 2) Cases where the ICO has received more than one beneficiary ID for a single member. These cases are referred to as 'duplicate ID.' Please add DUPLICATE ID in Description box using CAPITAL LETTERS.
- 3) All other enrollment issues that are not specified under other headings.

NOTE: Please be aware that CMS/MDHHS has issued 'let lie' guidance for cases where system discrepancies occurred prior to 2/29/16. Please contact your ICO Liaison for more information regarding 'let lie' guidance.)

### Only fill out the following portions of the SR:

**Step 1: Individual Information** – Enter the Member ID (Medicaid ID) for the beneficiary you are submitting an SR for. (The Last name, First name, SSN and DOB of the member should auto-populate based on the Member ID.)

*Example:*

Individual	
Member Id:	1234567890
Last Name:	DOUGH
First Name:	JANE
SSN#:	987654321
MI Child Id:	
Date of Birth:	1/1/1911

**Step 2: Caller Information** – Enter the Last Name, First Name, Call Back #, and E-mail Address of the person completing the Service Request. (This is YOU!) These fields **MUST** be filled out completely in **ALL** SRs so MDHHS may contact you directly if there are any questions. If these fields are NOT filled out completely, MDHHS will send the SR back to you which may cause delays in resolving the SR.

*Example:*

Caller	
Last Name:	DOE
First Name:	JOHN
Call Back#:	(123) 456-7890
Language:	ENGLISH
Email Address:	JDOE@TEST.ORG <input type="button" value="x"/>

**Step 3: Plan Information** - The correct plan ID **must** be entered for the plan in which the beneficiary is enrolled. To do this, you will need to query for your plan.

*Action 1 (Click on the query button):*

*Example:*

Facility	
NPI#:	<input type="text"/> <input type="button" value="🔍"/>
Business Name:	<input type="text"/> <input type="button" value="🔍"/>
Facility Provider Id:	<input type="text"/>
Fac Provider Type:	<input type="text"/> <input type="button" value="🔍"/>
Fac Specialty:	<input type="text"/>
Fac Sub-Specialty:	<input type="text"/>
Plan	
Business Name:	<input type="text"/> <input type="button" value="🔍"/>
Plan Provider Id:	<input type="text"/>

**Click here** 

Action 2 (Enter Plan Provider ID):

Pick Plan

Business Name [dropdown] [input] Enter Query

Business Name	Plan Provit	Business	Start Date	End Date
1112233				

Cancel

Action 3 (Your plan name will auto-populate based on the provider ID you input in action 2):

Example:

Facility

NPI#: [input]

Business Name: [input]

Facility Provider Id: [input]

Fac Provider Type: [input]

Fac Specialty: [input]

Fac Sub-Specialty: [input]

Plan

Business Name: MI Health Link Plan

Plan Provider Id: 1112233

**Step 4: Description Information** - Plan must select the following criteria from the drop-down boxes as illustrated below:

**Type:** ADMINISTRATIVE CHANGE

**Reason:** ICO-DISCREPANCY

**Origin:** HEALTH PLAN

**Origin Format:** REPORT

**Priority:** NORMAL

**Status:** OPEN

ONLY select 'IMMEDIATE' for cases that are preventing a beneficiary from accessing needed care. If an SR that you submitted previously as 'NORMAL' becomes an access to care issue before it has been resolved and closed, email [MDHHS-MHL-SR-ASSISTANCE@michigan.gov](mailto:MDHHS-MHL-SR-ASSISTANCE@michigan.gov) so it can be immediately addressed. Please contact the backup listed in the event of receiving an Out Of Office reply from both Keeley and Renee. DO NOT SUBMIT A NEW SR IN THIS SITUATION.

*Example:*

Description Information

Type*	ADMINISTRATIVE CHAN	▼
Reason*	ICO DISCREPANCY	▼
Origin*	HEALTH PLAN	▼
Origin Format*	REPORT	▼
MH/SA TOS:	N/A	▼
Priority:	NORMAL	▼
Status*	OPEN	▼

**Step 5: Service Request Description** – Insert the following criteria, as well as any other important information about the case:

**CHAMPS:** dd/mm/yy- dd/mm/yy

**MARx:** dd/mm/yy- dd/mm/yy

**CURRENT PET:** <Insert PET>

**MBI:** <Insert MBI>

**OTHER:** <Insert other important information about this case.>

<Insert initials and current date of request>

Example:

**Description:**

CHAMPS: 09/01/18-ongoing w/H0192  
MARx: 09/01/18-ongoing w/ H5926  
CURRENT PET: ICO-COMM  
MBI: <Insert MBI>  
OTHER: CHAMPS shows an ICO plan  
but Marx does not.  
ry\_04/24/19|

**Step 6: Current Owner** – Service request should be assigned to the MI HEALTH LINK queue. (User ID: MIHEALTHLINKQUEUE; Last Name = QUEUE; First Name = MIHEALTHLINK). Changing the current owner will transfer your SR to the individual you select, please be sure that you have included the necessary information in the SR before changing the owner of the SR.

Also, please be sure that you are selecting the correct recipient as there may be individuals with similar names/user IDs in the system. If you do happen to send the SR to the wrong person, please send the SR number to Laura Hinman ([hinmanL@Michigan.gov](mailto:hinmanL@Michigan.gov)) so she can move it back to your workload.

*Action 1 (Click on the query button):*

Example:

The image shows a screenshot of a web form with several input fields. A red arrow points from the text "Click here" to a small magnifying glass icon (query button) in the top right corner of the "Current Owner" field. The fields are: "Current Owner:★" (with a query button), "Area:" (disabled), "Group:" (disabled), "Externally Transferred From:" (disabled), "Created By:" (with the value "DOEJ"), and "Bene Eligibility:" (with a dropdown arrow).

Action 2 (Click on the magnifying glass to query for a user):

Example:

Pick Current Owner ✕

🔍 Click here  ✕ ▼  ➡ 1 - 10 of 12+

Last Name	First Name	User ID	Phone #	Email
QUEUE	AAA	AAAQUEUE		

◀ ◀◀ ▶▶ ▶

OK Cancel

Action 3 (Type in the user ID):

Example:

Pick Current Owner ✕

➡ ✕  ▼  ➡ Enter Query:

Last Name	First Name	User ID	Phone #	Email
		MIHEALTHLINKQUEUE		

◀ ◀◀ ▶▶ ▶

Cancel

Action 4 (Select the correct user and click 'OK'):

Example:

Pick Current Owner ✕

🔍 Last Name ➡ 1 - 1 of 1

Last Name	First Name	User ID	Phone #	Email
QUEUE	MIHEALTHLINK	MIHEALTHLINKQUEUE		

⏪ ⏩ ⏴ ⏵

OK Cancel